Classified (CSEA) 01/01/2026 - 12/31/2026 Health Benefit Rates							
		Employee Only		Employee + 1		Employee + 2 or More	
Medical Plans	Hours Worked per Day	Employee	District	Employee	District	Employee	District
UHC Alliance $10 HMO	4 to < 5	678.54	455.46	1,385.88	932.52	1,933.62	1,330.38
	5 to < 6	640.58	493.42	1,308.17	1,010.23	1,822.75	1,441.25
	6 to < 7	488.76	645.24	997.33	1,321.07	1,379.29	1,884.71
	7 to < 8	450.81	683.19	919.62	1,398.78	1,268.43	1,995.57
	8	374.90	759.10	764.20	1,554.20	1,046.70	2,217.30
Total Premium			1,134.00		2,318.40		3,264.00
UHC Harmony $10 HMO	4 to < 5	578.94	455.46	1,175.88	932.52	1,654.02	1,330.38
	5 to < 6	540.98	493.42	1,098.17	1,010.23	1,543.15	1,441.25
	6 to < 7	389.16	645.24	787.33	1,321.07	1,099.69	1,884.71
	7 to < 8	351.21	683.19	709.62	1,398.78	988.83	1,995.57
	8	275.30	759.10	554.20	1,554.20	767.10	2,217.30
Total Premium			1,034.40		2,108.40		2,984.40
UHC Harmony HMO w/ HRA	4 to < 5	0.00	662.40	540.00	810.00	766.08	1,149.12
	5 to < 6	0.00	662.40	472.50	877.50	670.32	1,244.88
	6 to < 7	0.00	662.40	202.50	1,147.50	287.28	1,627.92
	7 to < 8	0.00	662.40	135.00	1,215.00	191.52	1,723.68
	8	0.00	662.40	0.00	1,350.00	0.00	1,915.20
Total Premium			662.40		1,350.00		1,915.20
UHC Alliance HMO w/ HRA	4 to < 5	270.24	405.36	554.88	832.32	791.52	1,187.28
	5 to < 6	236.46	439.14	485.52	901.68	692.58	1,286.22
	6 to < 7	101.34	574.26	208.08	1,179.12	296.82	1,681.98
	7 to < 8	67.56	608.04	138.72	1,248.48	197.88	1,780.92
	8	0.00	675.60	0.00	1,387.20	0.00	1,978.80
Total Premium			675.60		1,387.20		1,978.80
UMR Select Plus PPO	4 to < 5	1,704.54	455.46	3,560.28	932.52	5,071.62	1,330.38
	5 to < 6	1,666.58	493.42	3,482.57	1,010.23	4,960.75	1,441.25
	6 to < 7	1,514.76	645.24	3,171.73	1,321.07	4,517.29	1,884.71
	7 to < 8	1,476.81	683.19	3,094.02	1,398.78	4,406.43	1,995.57
	8	1,400.90	759.10	2,938.60	1,554.20	4,184.70	2,217.30
Total Premium			2,160.00		4,492.80		6,402.00
Cigna Select $10 HMO	4 to < 5	1,088.94	455.46	2,289.48	932.52	3,265.62	1,330.38
	5 to < 6	1,050.98	493.42	2,211.77	1,010.23	3,154.75	1,441.25
	6 to < 7	899.16	645.24	1,900.93	1,321.07	2,711.29	1,884.71
	7 to < 8	861.21	683.19	1,823.22	1,398.78	2,600.43	1,995.57
	8	785.30	759.10	1,667.80	1,554.20	2,378.70	2,217.30
Total Premium			1,544.40		3,222.00		4,596.00
Kaiser $15 HMO	4 to < 5	725.34	455.46	1,496.28	932.52	2,112.42	1,330.38
	5 to < 6	687.38	493.42	1,418.57	1,010.23	2,001.55	1,441.25
	6 to < 7	535.56	645.24	1,107.73	1,321.07	1,558.09	1,884.71
	7 to < 8	497.61	683.19	1,030.02	1,398.78	1,447.23	1,995.57
	8	421.70	759.10	874.60	1,554.20	1,225.50	2,217.30
Total Premium			1,180.80		2,428.80		3,442.80
Kaiser $25 HMO	4 to < 5	653.34	455.46	1,343.88	932.52	1,898.82	1,330.38
	5 to < 6	615.38	493.42	1,266.17	1,010.23	1,787.95	1,441.25
	6 to < 7	463.56	645.24	955.33	1,321.07	1,344.49	1,884.71
	7 to < 8	425.61	683.19	877.62	1,398.78	1,233.63	1,995.57
	8	349.70	759.10	722.20	1,554.20	1,011.90	2,217.30
Total Premium			1,108.80		2,276.40		3,229.20

Classified (CSEA) 01/01/2026 - 12/31/2026 Health Benefit Rates							
		Employee Only		Employee + 1		Employee + 2 or More	
Dental and Vision Plans	Hours Worked per Day	Employee	District	Employee	District	Employee	District
Delta Dental	4 to < 6	29.60	40.38	64.25	87.62	87.36	119.12
PPO	6 to < 8	14.92	55.06	32.39	119.48	44.04	162.44
	8	11.25	58.73	24.42	127.45	33.21	173.27
Total Premium			69.98		151.87		206.48
Delta Dental	4 to < 6	6.46	13.11	12.50	25.95	18.68	38.16
HMO	6 to < 8	1.69	17.88	3.07	35.38	4.81	52.03
	8	0.50	19.07	0.71	37.74	1.34	55.50
Total Premium			19.57		38.45		56.84
Vision	4 to < 6	5.73	8.61	11.05	16.53	16.62	24.92
Service Plan	6 to < 8	2.60	11.74	5.03	22.55	7.56	33.98
	8	1.82	12.52	3.53	24.05	5.29	36.25
Total Premium			14.34		27.58		41.54